

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5428

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield (No. 1438 W. Water St. _____ Ward) _____
 2. FULL NAME Viola Corine Ellingsworth
 (a) Residence, No. 1438 W. Water St. _____ Ward. _____
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

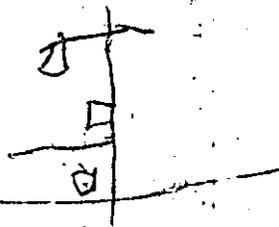
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1925
 7. AGE 7 YEARS MONTHS 9 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peell, Washington
 FATHER 13. NAME R. M. Ellingsworth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo.
 MOTHER 15. MAIDEN NAME Effie Young
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT P. W. Ellingsworth
 (ADDRESS) 1438 W. Water
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highlandville DATE Feb 27 33
 19. UNDERTAKER J. W. Maples
 (ADDRESS) Cherry St.
 20. FILED 2-27-33 Ralph W. Langston
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1933
 22. I HEREBY CERTIFY, That I attended deceased from 12-27-32, 1932 to 2-26, 1933
 I last saw him alive on 2-20-, 1933 Death is said to have occurred on the date stated above, at 9 p. m.
 The principal cause of death and related causes of importance were as follows:
Unkenned ac. compl. ?
72 H 7 10 11
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Blood exam Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. J. Duvach, M. D.
 (Address) Springfield, Mo.

1-30'

1-30'



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